



AB160. 181. Duodenal hamartoma—unusual cause for symptomatic anaemia

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Abstract: A 67-year-old lady presented with melena for 2 months, no medical or surgical history of note, no regular medications, hemoglobin was 9.1 mg/dL at initial presentation. Endoscopy revealed a large pedunculated polyp in second part of the duodenum, not amenable to endoscopic removal. Computerized tomographic abdominal imaging revealed a well circumscribed lesion with no evidence of invasion, supporting a benign process. Given our patient's persistent symptoms an elective laparotomy was scheduled. The duodenum was Kocherised, an anterior longitudinal duodenotomy revealed a 3.8 cm pedunculated polyp. This was excised and Heineke-Mikulicz closure was performed. Final histopathology reports revealed a Brunner gland hamartoma on a background of chronic

inflammation. The post-operative period was uneventful and was discharged on the 7th post-operative day. Our patient was commenced on oral proton pump inhibitors with regular following up indicating normal haemoglobin level within 1 month. The aetiology of Brunner gland hamartomas is thought to be chronic inflammation. They represent 5–10% of all benign duodenal tumours with an estimated incidence of less than 0.01%. The clinical manifestations of Brunner's gland hamartomas are wide and varied from non-specific epigastric discomfort to gastric outlet obstruction. The diagnosis of Brunner gland hamartoma is supported by endoscopy and radiological findings. However, the sensitivity of endoscopy is 72–89%, endoscopic mucosal biopsy is often non-diagnostic because often the biopsy does not penetrate into the submucosa. Thus, computed tomography (CT) imaging aids the surgeon and their patient on management strategy. In this case with continuously falling hemoglobin definitive surgical management was sought.

Keywords: Brunner gland hamartoma

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